PTO/SB/06 (08-01)

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Substitute for Form PTO-875									Ap	Application or Docket Number		
				D – PART I			•			01	HER THAN	
-			(Column 1) (Column 2)		(Column 2)	٦	SMAL	ENTITY	_ °	OR SM	ALL ENTITY	
	FOR ASIC FEE	NL	MBER FILE	D NU	MBER EXTRA	4	RATE	FEE		RATE	FEE	
TO	7 CFR 1.16(a)) OTAL CLAIMS			· · · · · · · · · · · · · · · · · · ·		4		\$		R	s	
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MU	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$ =	1.	OF			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OF	<u> </u>	-	
	CLAIMS AS AMENDED - PART II								_1 0	R TOTAL		
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AMENDMENT	T T	(Column 1)		(Column 2)) (Column 3)	7 6	SMALL	ENTITY	Of	SMAI	IER THAN LL ENTITY	
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+5 =	-/-	OR	× \$=	+-+-	
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AMENDMENT B		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI-	
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		(Column 1)		(Column 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total (37 CFR 1.16(c))	•	Minus	••	=	×	s =		00		FEE	
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₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CED 4 1944)								OR	× \$=		
TOTAL									OR	+ \$=		
•	If the entry in co	lumn 1 is less tha	n the entry	in column 2, write	e "0" in column 3.		DO'L FEE		OR	ADD'L FEE		
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 100 84436 Effective October 1, 2001 **CLAIMS AS FILED - PART I** SMALL ENTITY **OTHER THAN** (Column 1) (Column 2) TYPE · [SMALL ENTITY OR **TOTAL CLAIMS** 26 FEE RATE RATE FEE 740.00 BASIC FEE 370.00 BASIC FEE NUMBER EXTRA FOR NUMBER FILED OR TOTAL CHARGEABLE CLAIMS 288 6 minus 20= X\$ 9= X\$18= OR 2 INDEPENDENT CLAIMS minus 3 = X42= 168 X84= OR MULTIPLE DEPENDENT CLAIM PRESENT +140= +280= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL CLAIMS AS AMENDED - PART II **OTHER THAN** SMALL ENTITY SMALL ENTITY OR (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST ADDI-ADDI-NUMBER ⋖ REMAINING PRESENT TIONAL RATE TIONAL RATE **PREVIOUSLY** AMENDMENT AFTER **EXTRA** FEE **AMENDMENT PAID FOR** FEE **Total** Minus X\$ 9= X\$18= ** OR Minus Independent . • • • X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR TOTAL TOTAL OR ADDIT, FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-8 REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AFTER PREVIOUSLY** NDMENT **EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus X\$18= X\$ 9= OR AME Independent Minus X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR TOTAL TOTAL OR ADDIT, FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) HIGHEST CI AIMS ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL TIONAL RATE RATE DMENT **PREVIOUSLY EXTRA** AFTER PAID FOR **AMENDMENT** FEE FEE Tótal. Minus X\$18= X\$ 9= OR W Minus Independent X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR If the entiry in column 1 is tess than the entry in column 2, write "0" in column 3. TOTAL TOTAL # If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.